

## Georgia Uniform Certification Program Disadvantaged Business Enterprise

GEORGIA DEPARTMENT OF TRANSPORTATION  
EQUAL OPPORTUNITY DIVISION  
ONE GEORGIA CENTER  
600 WEST PEACHTREE STREET, N.W., 7<sup>TH</sup> FLOOR  
ATLANTA, GEORGIA 30308  
PHONE: (404) 631-1972

Date \_\_\_\_\_

### Personal Financial Statement

Complete this form for: each disadvantaged proprietor or (2) each limited partner who owns 51% or more interest and each general partner, or (3) each stockholder owning 51% or more of voting stock, or (4) any person or entity providing a guaranty on the loan

Name	Business Phone (   )
Residence Address	Residence Phone (   )
City, State and Zip Code	
Name of Business	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand and in bank(s)	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and others (Describe in Section 2)	\$ _____
IRA or Other Retirement Accounts	\$ _____	Installment Account (Auto) Monthly Payments	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (Other) Monthly Payments	\$ _____
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Real Estate (Describe in Section 4)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Automobile(s)-Present Value	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Total Liabilities	\$ _____
Other Assets (Describe in Section 5)	\$ _____		
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL NET WORTH</b>	<b>\$ _____</b>

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims and Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)	Other Special Debt

Description of Other Income in Section 1.

<b>Section 2. Notes Payable to Banks and Others.</b> (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

<b>Section 3. Stocks and Bonds.</b> (Use attachments if necessary. Each attachment must be identified as a part of this PNW Statement and must be signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

<b>Section 4. Real Estate Owned.</b> (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this PNW Statement and must be signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year (Specify)			
Status of Mortgage			

<b>Section 5. Other Personal Property and Other Assets.</b> (Describe, and if any pledged as security, state name and address of lien holder, amount of lien, Terms of payment, and if delinquent, describe delinquency.)		
<b>Section 6. Unpaid Taxes.</b> (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)		
<b>Section 7. Other Liabilities.</b> (Describe in detail.)		
<b>Section 8. Life Insurance Held.</b> (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)		
I hereby certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I authorize the Georgia Unified Certification Program (GAUCP) to verify the accuracy of the statements made in order to determine whether I meet the Standards of economic disadvantage for participation in the DBE Program in the GAUCP. These statements are true and correct to the best of my belief.		
Signature:	Date:	Social Security Number
Signature:	Date:	Social Security Number
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> State of _____  County of _____  On this _____ day of _____, 20____ </div> <div style="width: 45%; text-align: right;"> Notary Public _____  Commission Expires _____  (Seal) </div> </div>		

**DISCLAIMER**

The undersigned hereby certifies that he/she has read and understands the provisions of the Disadvantage Business Enterprises Rules and Regulations as set forth in 49 C.F.R. Parts 23 and 26, and that by signing this application, does so with a complete understanding that he/she cannot rely on any explanations, interpretations or guidance provided other than guidance offered in accordance with the provisions of 49 C.F.R § 26.9(b), which states in effect that written interpretations and guidance are valid and binding, and constitute the official position of the United States Department of Transportation, only if they are issued over the signature of the Secretary of Transportation or the General Counsel of the Department of Transportation.

The undersigned further understands that only guidance and interpretations consistent with part 26 and issued after March 4, 1999 have definitive, binding effect in implementing the provisions of this part and constitute the official position of the Department of Transportation.

The undersigned acknowledges that the Georgia Department of Transportation is not responsible for explaining the above-referenced rules and regulations, and that any explanation that may be given will not exempt the undersigned of his/her responsibility to have a thorough understanding of said rules and regulations.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_(SEAL)  
Name:  
Title:  
Firm:  
DBE Program Applicant

\_\_\_\_\_(SEAL)  
NOTARY PUBLIC

\_\_\_\_\_ County, Georgia  
My commission expires on  
\_\_\_\_\_, \_\_\_\_\_.

**CERTIFICATION**  
**AND**

**PENALTY FOR FALSE STATEMENT**

The undersigned hereby does certify and attest that the statements submitted in their Application for Certification as a Disadvantaged Business Enterprise, ("DBE"), are true to the best of their knowledge, and that should applicant willfully and knowingly subscribe, make, or concur in making any statement required by law in support of this application which is false, said applicant shall be subject to any and all relevant Federal and State penalties associated therewith.

Applicant does hereby understand and acknowledge that the statements and representations made in support of this application shall be submitted to both Federal and State agencies including, but not limited to, United States Department of Transportation and the Georgia Department of Transportation, and that said statements and representations shall be relied upon by these Federal and State agencies in the administration of the DBE program and the distribution of Federal and State funds.

Applicant hereby acknowledges, in light of the foregoing, that they are bound by the requirements of 18 U.S.C. §1001 and O.C.G.A. §16-10-20, and that any false statements or representations made in connection with this application will subject them to punishment as set forth in the above-referenced statutes, in addition to de-certification as a DBE and other relevant criminal, administrative and civil penalties and actions which may be taken by the Federal and State agencies concerned.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_(SEAL)  
Name:  
Title:  
Firm:  
DBE Program Applicant

\_\_\_\_\_(SEAL)  
NOTARY PUBLIC

\_\_\_\_\_County, Georgia  
My commission expires on  
\_\_\_\_\_, \_\_\_\_\_.

**CONFIDENTIALITY STATEMENT**

The hereby understand that the information contained in the Application for Certification as a Disadvantaged Business Enterprise will remain confidential and shall only be released to Federal and State agencies, including, but not limited to, the United States Department of Transportation and the Georgia Department of Transportation, in order to determine my eligibility for the above-referenced program. I further understand that this document, and any other documents relating to my participation in this program, may be subject to disclosure pursuant to the Georgia Open Records Act, 50-18-70, et. seq. I further understand that while the Department will take all necessary measures to protect these documents from disclosure, including consulting with the State Law Department as necessary, the Department may nonetheless be required to disclose said documents pursuant to the Georgia Open Records Act.

I further understand that if a request for inspection of the Application for Certification and other associated documents and records is made pursuant to the Georgia Open Records Act, such will be forwarded to the Georgia Department of Transportation's Office of Legal Services for a determination of whether said documents are subject to disclosure or whether they fall within an exception listed under the Act. If the documents are subject to disclosure, then I understand that costs shall be assessed in accordance with Section 50-18-71 of the Georgia Open Records Act.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_(SEAL)  
Name:  
Title:  
Firm:  
DBE Program Applicant

\_\_\_\_\_(SEAL)  
NOTARY PUBLIC

\_\_\_\_\_ County, Georgia  
My commission expires on  
\_\_\_\_\_, \_\_\_\_\_.